

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 13 1951

STANDARD CERTIFICATE OF DEATH

State File No. 11087
Registrar's No. 11087

| | | | | | | | | | | | |
|---|--|---|---------------------------|--|---|---|--|--|-------------------------|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>348</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | State File No. <u>11087</u> | | Registrar's No. <u>11087</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Missouri</u> | | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>2199</u> | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u> | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4062 Enright</u> | | | | | d. STREET ADDRESS (If rural, give location) <u>4062 Enright</u> | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | a. (First) <u>Wilbert</u> | | | b. (Middle) _____ | | | c. (Last) <u>Wright</u> | | |
| 4. DATE OF DEATH | | | (Month) <u>Dec.</u> | | | (Day) <u>21,</u> | | | (Year) <u>1950</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Colored</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Sept. 25, 1900</u> | | 9. AGE (In years last birthday) <u>50</u> | | 10. IF UNDER 1 YEAR Months <u>2</u> Days <u>26</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Cohn Garage</u> | | 11. BIRTHPLACE (State or foreign country) <u>Nashville, Tenn.,</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | | |
| 13a. FATHER'S NAME <u>Clemon Wright</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Mertha ?</u> | | | | 14. NAME OF HUSBAND OR WIFE <u>Carrie Wright</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u> | | | | 16. SOCIAL SECURITY NO. <u>NO.</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Carrie Wright</u> | | | | ADDRESS <u>4062 Enright</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | 21f. HOW DID INJURY OCCUR? <u>H/OX</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>12/19</u> , 19 <u>50</u> to <u>12/21</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12/21</u> , 19 <u>50</u> , and that death occurred at <u>2:30 P.</u> m., from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE <u>W. C. Bridges</u> | | | | | | (Degree or title) | | 23b. ADDRESS <u>941 N. Park St.</u> | | 23c. DATE SIGNED | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12-27-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cemetery</u> | | | | 24d. LOCATION (City, town, or county) (State) <u>LeMay, Mo.,</u> | | | |
| DATE REC'D BY LOCAL REG. <u>DEC 26 1950</u> | | REGISTRAR'S SIGNATURE <u>J. B. Larson</u> | | | | FURNERAL DIRECTOR'S SIGNATURE <u>E. B. Hanson</u> | | | | ADDRESS <u>1221 N. Grand</u> | |

(Licensed Embalmer's Statement on Reverse Side)

Shelf

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4755

P. O. Address 122/77

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.